

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2134AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/28/2011
NAME OF PROVIDER OR SUPPLIER HERITAGE SPRINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 8720 W. FLAMINGO ROAD LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 12/21/10 to 2/28/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 100 beds for elderly or disabled persons and/or 27 beds which provides care to persons with Alzheimer's Disease Category II. Complaint #NV00027167 - The allegation a resident was not sent to medical care in a timely fashion was substantiated. See TAG Y850.	Y 000			
Y 850 SS=G	449.274(1)(a) Medical Care of Resident NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident is the resident's physician is not available.	Y 850			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 850	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review and interviews from 12/21/10 to 1/31/11, the facility failed to obtain medical care in a timely manner for 1 of 107 residents who suffered a physical injury sustained from a fall (Resident #1).</p> <p>Findings include:</p> <p>Review of facility incident report indicated Resident #1 was observed in front her wheel chair on 12/3/10 at 2:10 PM in room #114. No apparent injury, no witnesses to fall, physician was notified by the facility on 12/3/10 at 3:30 PM, daughter notified by the facility on 12/3/10 at 3:15 PM. First aid not administered, not taken to the hospital.</p> <p>- Review of the facility investigation summary of the incident "Resident #1's skin condition: The Residents left wrist appears red, swollen and warm. The Residents explanation of the event: The Resident thinks she can walk, got up out of wheelchair and fell to the ground. Swelling was noticed the next day and the nurse on call has an X-Ray done.. It was found to be fractured. Daughter came in the next day and took her to urgent care and it was splinted. The Resident went out on 12/7 and had it casted."</p> <p>- Review of Resident #1's final X-Ray report documented "Examination demonstrates a minimally displaced fracture of the distal radius with minimal dorsal angulation...." The report was dated 12/4/10 4:21 PM MST (5:21 PM PST).</p> <p>- Review of Resident #1's progress notes indicated:</p>	Y 850			

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Y 850	<p>Continued From page 2</p> <p>-- 12/03/2010 7:52 PM left wrist swollen and tender to touch</p> <p>-- 12/04/2010 4:32 AM Resident's Lt wrist remains swollen and tender to touch, Cold pack was applied to swollen area.</p> <p>-- 12/04/2010 7:59 PM Portable X-Ray done possible fracture on left wrist, put her arm on sling.</p> <p>-- 12/05/2010 4:53 AM Resident's Lt. arm remains elevated in a sling. c/o pain. Gave PRN Lortab 5/500 mg. 1 tab for mild-moderate pain.</p> <p>-- 12/05/2010 12:32 PM Late entry: Called to assess resident's condition. ...Skin is reddened on left hand and wrist. Call to physician who instructed to take Resident to urgent care or ER. Called daughter. Daughter returned call 1 hour later. Placed call to mobile X-Ray. Resident X-Rayed within 2 hours.</p> <p>-- 12/05/2010 12:36 PM Daughter takes mother to UMC Quick Care.</p> <p>-- 12/05/2010 3:57 PM Daughter and Resident returns. Hand/wrist is wrapped with cast for a few days.</p> <p>-- 12/06/2010 8:18 PM Resident c/o of pain, PRN Lortab 5/500 given for moderate pain.</p> <p>-- 12/07/2010 9:16 PM Resident returns with her daughter from the doctor with a cast on her forearm.</p> <p>- Interview with the Facility Executive Director, reported on 1/24/11, Employee #1 failed to follow policy and call 911 on all falls.</p> <p>- Review of Facility's 911 Emergency Call Policy documents :</p> <p>-- Certain circumstances dictate that 911 be called immediately to respond to a resident's health or safety/issue. 911 must be called prior to notifying responsible parties or physicians. ...responsible parties must be advised ... that treatment will not be delayed.</p>	Y 850			

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Y 850	<p>Continued From page 3</p> <p>-- If nursing staff is on site, in case of an emergency, nursing staff must be notified immediately in order to evaluate and assess the need for immediate transport.</p> <p>-- If nursing staff is not on site: 911 must be called in the following circumstances: fall resulting in significant pain, bleeding, head trauma, inability to move extremities, and/or resident request. If in doubt, staff should call 911. The EMTs will make the final decision regarding the need to treat and transport.</p> <p>Complaint is substantiated because Resident #1 received medical care for a fractured wrist on 12/5/10 for her injury which occurred on 12/3/10; two days after the fall.</p> <p>This was a repeat deficiency from the 11/03/10 State Licensure complaint investigation.</p> <p>Severity: 3 Scope: 1</p>	Y 850			

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